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APR 18 46

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/714,449	
	Filing Date	November 16, 2000	
	First Named Inventor	G Vogeli	
	Art Unit	1646	
	Examiner Name	Joseph F. Murphy	
Total Number of Pages in This Submission	3	Attorney Docket Number	00237.US1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Pharmacia & Upjohn Company Edward F. Rehberg; 34,703
Signature	<i>Edward F. Rehberg</i>
Date	4-20-04

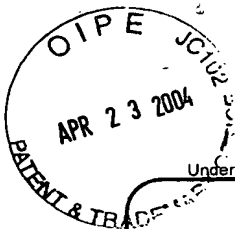
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PTO/SB/82 (09-03)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/714,449
Filing Date	November 16, 2000
First Named Inventor	G Vogeli
Art Unit	1646
Examiner Name	Joseph F. Murphy
Attorney Docket Number	00237.US1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

25533

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

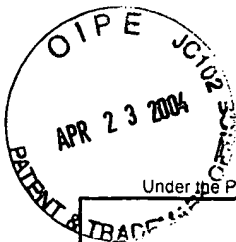
Name	Grover F. Fuller, Jr., Assistant Secretary, Pharmacia & Upjohn Company		
Signature			
Date	12 April 2004	Telephone	212.573.1390

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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PTO/SB/96 (08-03)
Approved for use through 07/31/2006. OMB 0651-0031
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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Pharmacia & Upjohn Co.

Application No./Patent No.: 09/714,449 Filed/Issue Date: November 16, 2000

Entitled: Novel G Protein-Coupled Receptors

Pharmacia & Upjohn Co., a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or

2. ☐ an assignee of less than the entire right, title and interest.

The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 012152, Frame 0595, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☒ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Date

212.573.2521

Telephone number

J. Trevor Lumb

Typed or printed name

Signature

Assistant Secretary, Pharmacia & Upjohn Co.

Title

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